

How to Choose a Health Plan

Choosing a health plan that's right for you and your family is an important decision. Although monthly premium is an important attribute to consider, it is only one of many factors that will help determine your satisfaction with a plan.

Keep in mind that doctors, hospitals and other health care providers can leave a plan's network, but you may not change plans until the next annual enrollment, unless you move out of the plan's service area.

	INDEMNITY BASIC & MEDICARE EXTENSION (OME)	INDEMNITY COMMUNITY CHOICE	INDEMNITY PLUS	HARVARD PILGRIM INDEPENDENCE	NAVIGATOR BY TUFTS HEALTH PLAN	HMOs AND HMO MEDICARE PLANS
Are you eligible to join the plan and is it available in your area?	Yes*	See pages 11, 14-15 and 20				
What will your monthly premium cost be?	Retired Municipal Teachers (RMTs) – see pages 9-10 All other GIC Enrollees – see pages 6-7					
What will your out-of-pocket costs be?	Estimate your out-of-pocket costs by comparing co-pays and deductibles for the services you and your covered dependents are likely to use. <i>Medicare enrollees see pages 16-17. Non-Medicare RMTs and EGRs see pages 18, 21-23 and 26-27. Other Non-Medicare enrollees see pages 18 and 21-27.</i>					
Does your doctor(s) participate in the plan?	Yes*	Yes, if your doctor is in Massachusetts	Contact the plan for information on in-network doctors			
Does your hospital(s) participate in the plan?	Yes*	Contact the plan for information on in-network hospitals				
Will you have out-of-state coverage?	Unlimited*	Limited	Limited – available in some contiguous states	Limited – available in some contiguous states	Limited – available in some contiguous states	Limited
	Emergency care is covered by all plans. See charts on pages 14 and 20 for coverage by county and contiguous state coverage. The Commonwealth Indemnity Plan Basic and Commonwealth Indemnity Plan Medicare Extension (OME) are the only plans available throughout the United States and outside of the country.					
Do you need to select a Primary Care Physician (PCP) to coordinate care and obtain referrals to most specialists?	No	No	No	No	No	Yes
Do you need plan authorization for certain procedures – such as MRIs, physical therapy, and hospitalizations?	Yes for all plans.					
Is there out-of-network coverage with reduced benefits?	N/A	Yes	Yes	Yes	Yes	No
How does the plan rate in quality and member satisfaction?	See the 2005 MHPG-GIC HMO Report Card, available on our website. Ask friends about their experience with a health plan.					
Does the plan have a pre-existing condition exclusion?	No for all plans.					
Does the plan offer gym membership and eyewear discounts?	Contact the plan for details.					
What are the plan’s physical therapy, occupational therapy and chiropractic benefits?	Contact the plan.					
What company administers the prescription drug benefits?	Express Scripts	Express Scripts	Express Scripts	Harvard Pilgrim Health Care	Caremark	The HMO
What company administers mental health/substance abuse benefits?	United Behavioral Health	United Behavioral Health	United Behavioral Health	PacifiCare Behavioral Health	United Behavioral Health	HMOs arrange coverage internally or with a managed mental health plan

* Benefit payments to out-of-state providers are determined by allowed amounts and you may be responsible for a portion of the total charge. This does not apply to Commonwealth Indemnity Plan Medicare Extension (OME) members.